

# **REPORT OF GUN SALE LINCOLN POLICE DEPARTMENT**

TO BE COMPLETED BY SELLER, In accordance with Lincoln Municipal Ordinance 9.36.030

## **SOLD TO:**

Name \_\_\_\_\_  
FULL FIRST MI LAST

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

FIREARM CERTIFICATE # NB \_\_\_\_\_

Expiration Date \_\_\_\_\_ Date of Sale \_\_\_\_\_

( ) REVOLVER ( ) PISTOL ( ) RIFLE ( ) SHOTGUN ( ) OTHER

Manufacturer (Full Name) \_\_\_\_\_ Model \_\_\_\_\_

Serial # \_\_\_\_\_ CAL/GA \_\_\_\_\_

Signature of Buyer \_\_\_\_\_

## **SELLER OF WEAPON must complete lower portion.**

LPD Employee # \_\_\_\_\_ (If information received at LPD)

## **BUSINESS INFORMATION**

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Agent who made sale (*print name*) \_\_\_\_\_

Agent's Signature \_\_\_\_\_

FFL # \_\_\_\_\_

## **TO BE COMPLETED IF PRIVATE SALE** (See above for Business)

SELLER \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS# \_\_\_\_\_ Driver's Lic # \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Signature of Seller \_\_\_\_\_

Date Form Completed \_\_\_\_\_